

**APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**

**NOTICE: Orders received by mail must be accompanied by the attached sworn statement (see the instructions on the back of this form)**

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of death records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

☐ I would like a **Certified Copy** of the records identified on the Application form (*In order to receive a Certified Copy, you Must indicate your relationship to the person named on the application form by selection from the list below.*)

☐ I would like an **Informational Copy** of the record identified on the application form (*You are not required to select from the list below to receive an Informational Copy.*)

I am:

- ☐ A parent or legal guardian of the registrant
- ☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- ☐ A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- ☐ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)
- ☐ Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

**STOP! DO NOT complete the rest of this form before reading the detailed instructions on the back.**

**APPLICANT INFORMATION (PLEASE PRINT OR TYPE)**

Printed Name and Signature of Person Completing Application		Today's Date	Telephone Number – (Area Code First) ( )	
Address – Number, Street	City	State	ZIP Code	

**DECEDENT'S INFORMATION (PLEASE PRINT OR TYPE)**

Name of Decedent – First (Given)	Middle	Last (Family)	Date of Death
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**SWORN STATEMENT**

I, \_\_\_\_\_, swear under penalty under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 ©, and am eligible to receive a certified copy of the death record indicated on this application.

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (City) (State)

\_\_\_\_\_  
(Signature)

\$ \_\_\_\_\_ IS ATTACHED FOR \_\_\_\_\_ COPIES

COUNTY OR MORTUARY USE ONLY:		YEAR: _____	REGISTRATION #: _____	
DC _____ \$ _____	SEARCH: _____	\$ _____	FAX: _____	\$ _____
<input type="checkbox"/> WITH CAUSE	SB : _____	\$ _____	BP: _____	\$ _____
<input type="checkbox"/> AMENDED	VA _____	\$ _____		
<input type="checkbox"/> MAIL	FETAL _____	\$ _____		
<input type="checkbox"/> PICK UP	I.D. _____	BN # _____		
RECEIPT # _____	REC'D BY: _____	BY: _____	DATE: _____	

## INSTRUCTIONS

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Decedent Information portions of this form. If you are requesting a regular **Certified Copy**, complete the entire form.
2. If you submit your order in person, you must sign the sworn statement at the bottom of this application in the presence of Vital Records staff. If you submit your request by mail, you must complete the attached Sworn Statement and sign in the presence of a Notary Public. **PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose death certificate you wish to obtain and your relationship to that individual.**
3. If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form. Companies representing a government agency must provide authorization from the government agency.
4. Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment who's ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.
5. Use a separate application form for each different record of death for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
6. Complete the **Applicant Information** section and provide your signature where indicated. Give all the information you have available to identify the record of the decedent in the spaces under **Decedent Information**. If the information you furnish is incomplete or inaccurate; it may be impossible to locate the record.
7. Submit **\$12** for **each** certified copy requested. If no record of the death is found, the **\$12** fee will be retained for searching as required by statute and a Certification of No Public Record will be issued. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to the **County of San Diego Health Department**. Mail this application, Sworn Statement, notarized by a Public Notary with the fee(s) to the County of San Diego, Health and Human Services Agency, Office of Vital Records, 3851 Rosecrans St. Ste.802, San Diego, CA 92110.
8. For more information please visit our website at:  
**[http://www.sdcountry.ca.gov/hhsa/programs/phs/office\\_of\\_vital\\_records\\_and\\_statistics/](http://www.sdcountry.ca.gov/hhsa/programs/phs/office_of_vital_records_and_statistics/)**

County of San Diego  
Health and Human Services Agency  
Office of Vital Records  
3851 Rosecrans St. Ste 802  
San Diego, CA 92110

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**DEATH**